



Incident Report

Print Date/Time: 07/21/2016 08:39
Login ID: ss0143

Lake Stevens Police Department
ORI Number: WA0311900

Incident: 2016-00013404

Incident Date/Time: 7/11/2016 12:20:00 PM
Location: 2402 131ST AVE NE
LAKE STEVENS WA 98258
Phone Number: (425) 320-9397
Report Required: Yes
Prior Hazards: No
LE Case Number:

Incident Type: Collision
Venue: Lake Stevens
Source: 911
Priority: 3F
Status: 3
Nature of Call:

Unit/Personnel

Unit	Personnel
19D2	SS0132-Kilroy
19D3	SS0134-Lyons

Person(s)

No.	Role	Name	Address	Phone	Race	Sex	DOB
3	Driver	RAMSEY, BRIDGETTE		(425) 320-9397			
2	Driver	RAMSEY, BRIDGET BRIANNA K	2405 HARTFORD DR Lake Stevens WA 982588644	(425) 320-9397		Female	02/08/1982

Vehicle(s)

Role	Type	Year	Make	Model	Color	License	State
Involved Vehicle						075XPV	
Involved Vehicle						AD91093	AZ

Disposition(s)

Disposition	Count
R	1

Property

Date	Code	Type	Make	Model	Description	Tag No.	Item No.
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CAD Narrative

07/11/2016 : 13:02:31 ss0134 Narrative: Ramsey was transported to the hospital to be evaluated for injuries. Owner of the vehicle Ramsey was driving arrived on scene and advised she had AAA en route to tow the vehicle away from the scene.

07/11/2016 : 12:33:57 SP0420 Narrative: AID OS

07/11/2016 : 12:28:28 SP0420 Narrative: AID TO SCENE F CABN AIR BAGS DEPLOYED

07/11/2016 : 12:21:25 SP0407 Narrative: NON INJ, NON BLKING, VEH/SIL SUBARU FORESTER

07/11/2016 : 12:20:53 SP0407 Narrative: CC, VEH VS UHAUL TRUCK



**Motor
Vehicle
Division**

46-3401 R0705

www.azdot.gov

**ARIZONA
APPORTIONED REGISTRATION
CAB CARD**

Void If Altered (Only Duplicate By Facsimile Is Acceptable)

U-HAUL CO OF ARIZONA
P O BOX 21508
PHOENIX AZ 85036



Plate	Tab
AD91093	AD91093 PERM
Date Registered	Expires
11/09/09	PERM

Account Number	
011232	
Fleet Number	Supplement Number
004	016

Owner/Lessor Name U-HAUL CO OF ARIZONA									
Operator/Lessee Name U-HAUL CO OF ARIZONA									
Street Address 2727 N CENTRAL AVE		City PHOENIX		State AZ		Zip 85004			
Vehicle Identification Number 1FDXE4FS6ADA14233				Vehicle Type TK	Year 10	Make FORD	Fuel G	Axles 2	Seats
Combined GVW 0014500	GVW 0014500	Unladen Weight 8080	Unit Number EL 1457D	USDOT OF CARRIER RESPONSIBLE FOR SAFETY				AZ Percentage .035440	

The vehicle above has been proportionally registered in Arizona and the other jurisdictions shown below.
Registration must be surrendered upon removal from the fleet.

Void If Any Jurisdictions Are Listed After The Row Of Asterisks.

AB 006577 AL 014500 AR 014500 BC 006577 CA 014500 CO 014500 CT 014500
DC 014500 DE 014500 FL 014500 GA 014500 IA 014500 ID 014500 IL 014500
IN 014500 KS 014500 KY 014500 LA 014500 MA 014500 MB 006577 MD 014500
ME 014500 MI 014500 MN 014500 MO 014500 MS 014500 MT 014500 NB 006577
NC 014500 ND 014500 NE 014500 NH 014500 NJ 014500 NL 006577 NM 014500
NS 006577 NV 014500 NY 014500 OH 014500 OK 014500 ON 006577 OR 014500
PA 014500 PE 006577 QC 2AXLE RI 014500 SC 014500 SD 014500 SK 006577
TN 014500 TX 014500 UT 014500 VA 014500 VT 014500 WA 016000 WI 014500
WV 014500 WY 014500 ** ***** ** ***** ** ***** ** ***** ** *****

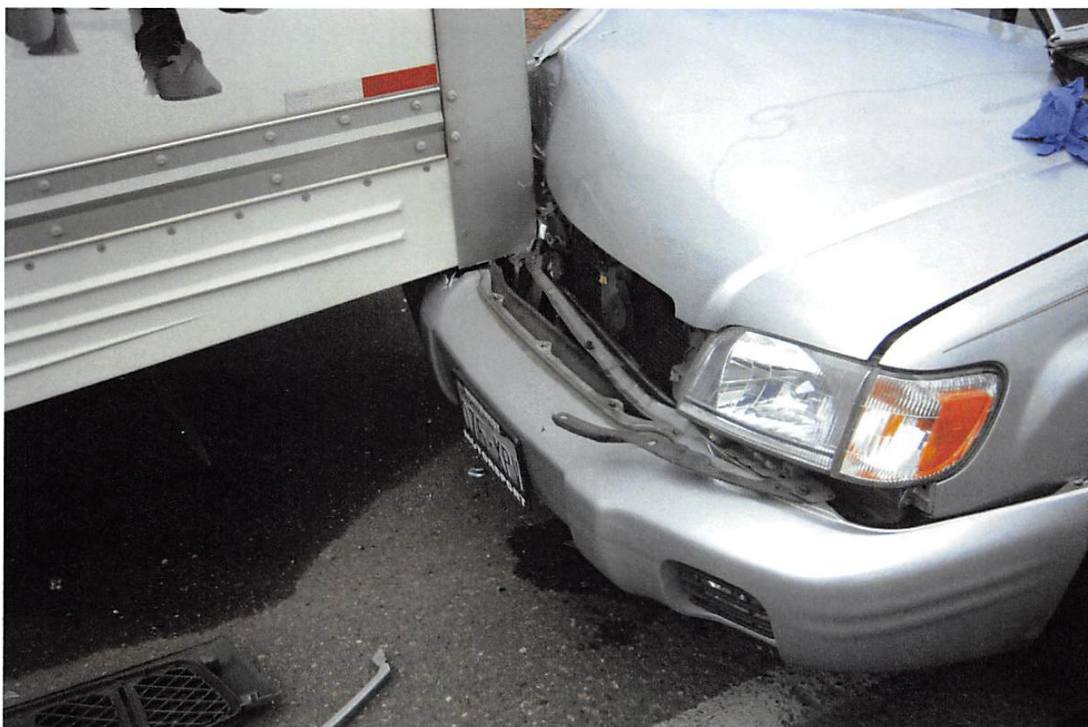
Copy
ORIGINAL





LSPD
ORIGINAL

1 of 3



LSPD
ORIGINAL

2 of 3



LSPD
ORIGINAL

3 of 3

COLLISION REPORT

STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT

1591971

REPORT NO. **E563959**CASE # **2016-00013404**LOCAL AGENCY
CODINGTOTAL # OF
UNITS **02**OBJECT
STRUCKTRIBAL
RESERVATION

M M D D Y Y Y Y TIME (2400) COUNTY # MILES CITY #
DATE OF COLLISION **07** - **11** - **2016** **1220** **31** N ☐ E ☐ IN ☒ S ☐ W ☐ OF **0664**

ON (PRIMARY TRAFFIC WAY)

INTERSECTION ☐NON-INTERSECTION ☒**131ST AVE NE**BLOCK NO. ☒**2402**

MILE POST

DISTANCE

OF (REFERENCE OR CROSS STREET)

MILES ☐ N ☐ E ☐
FEET ☐ S ☐ W ☐

UNIT 01

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

D: **4253209397**

LAST NAME

RAMSEY

FIRST NAME

BRIDGETMIDDLE
INITIAL**B**STREET
NEW ADDRESS**2405 HARTFORD DR**

CITY

LAKE STEVENS

ST

WA

ZIP

982588644

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #**RAMSEBB187CH**

STATE

WASEX **F**D.O.B.
MMDDYYYY**02****08****1982**ON DUTY ☐

STATUS

AIRBAG **6**RESTR. **4**EJECT **1**HELMET
USEINJURY
CLASS**7**NATURE OF INJURIES
POSSIBLE HEAD AND NECKLICENSE
PLATE #**075XPV**

STATE

WA

VIN#

JF1SF65642H710942TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2002

MAKE

SUBA

MODEL

FORSTR

STYLE

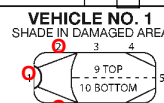
UTVEHICLE TOWED
YES ☒ NO ☐

TOWED BY

AAAGOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **NINA BAILEY 9001 284TH ST NE ARLINGTON WA 98223**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **PROGRESSIVE 903516986**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE



UNIT 02

MOTOR
VEHICLE ☒PEDAL-
CYCLE ☐PEDESTRIAN ☐PROPERTY
OWNER ☐DAMAGE THRESHOLD MET
YES ☒ NO ☐

PHONE

LAST NAME

NONE

FIRST NAME

MIDDLE
INITIALSTREET
NEW ADDRESS**NONE**

CITY

ST

ZIP

CDL

RESTRICTIONS

ENDORSEMENTS

DRIVER'S
LICENSE #

STATE

SEX **U**D.O.B.
MMDDYYYY**02****08****1982**ON DUTY ☐

STATUS

AIRBAG **2**RESTR. **1**EJECT **1**HELMET
USEINJURY
CLASS**9**NATURE OF INJURIES
1LICENSE
PLATE #**AD91093**

STATE

AZ

VIN#

1FDXE4FS6ADA14233TRAILER
PLATE #

STATE

TRAILER
PLATE #

STATE

VEH. YEAR

2010

MAKE

FORD

MODEL

FORSTR

STYLE

VEHICLE TOWED
YES ☒ NO ☐

TOWED BY

GOVT. VEHICLE
YES ☐ NO ☒REGISTERED OWNER INFO. **U-HAUL OF ARIZONA 2727 N CENTRAL AVE PHOENIX AZ 85004 D: 8005280463**LIABILITY INSURANCE
IN EFFECT ☒INSURANCE CO
& POLICY # **REPWEST RFSI-16**VEHICLE
LEGALLY
STANDINGYES ☐ NO ☐

CITATION #

CHARGE



OFFICER'S NAME (PRINT)

C. LYONS

BADGE OR ID #

0134

AGENCY

WA0311900



STATE OF WASHINGTON
POLICE TRAFFIC
COLLISION REPORT



1591972

CORRECTION

REPORT NO. **E563959**CASE # **2016-00013404**

ADDITIONAL PERSONS INVOLVED (PASSENGERS AND/OR WITNESSES ONLY)

NAME (LAST, FIRST, MIDDLE INITIAL)																														
ADDRESS & PHONE #															SEX	D.O.B. MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES												
NAME (LAST, FIRST, MIDDLE INITIAL)																														
ADDRESS & PHONE #															SEX	D.O.B. MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES												
NAME (LAST, FIRST, MIDDLE INITIAL)																														
ADDRESS & PHONE #															SEX	D.O.B. MMDDYYYY														
PASSENGER	<input type="checkbox"/>	WITNESS	<input type="checkbox"/>	UNIT #		SEAT POS.		AIRBAG		RESTR.		EJECT		HELMET USE		INJURY CLASS		NATURE OF INJURIES												

NARRATIVE

Please see subsequent narrative pages

I CERTIFY (DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. (RCW 9A.72.085)

C. LYONS

07-12-16 10:18 AM

INVESTIGATING OFFICER'S SIGNATURE

UNIT OR DIST. DET

DATED

PLACE SIGNED

APPROVED BY

DATE

C. CHRISTENSEN 0075

7/16/2016 5:43:04 AM

BADGE OR ID #	0134	ORI #	WA0311900	TIME POLICE DISPATCHED	12:20 PM	TIME POLICE ARRIVED	12:25 PM
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PART B 3000-345-160 R (7/06)

PAGE

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OF

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REPORT NO. E563959

CASE #

2016-00013404

DATE AND TIME
OF COLLISION

07/11/16 12:20

NARRATIVE

Officer C. Lyons #134
Lake Stevens Police Department

Case #: 2016-00013404
Location: 2402 131st Ave NE, Lake Stevens, WA 98258
Incident: Collision

Today 07-11-16, at approximately 1220 hours, I was dispatched to a collision that occurred at the above listed location. While en route, SnoPac advised the collision involved one vehicle versus a U-Haul truck. The collision was reported to be non-injury and non-blocking.

Upon arriving at 1225 hours, I contacted the female driver of Unit 1. The driver stated she was driving southbound on 131st Ave NE and swerved right to avoid running over a squirrel. When she swerved right, she collided into the back of the legally parked U-Haul truck.

The driver and passenger side airbags of Unit 1 had been deployed, where I asked the driver if she was injured. The driver stated she hit her head on the steering wheel, but was not injured. While speaking with the driver, she seemed to be in shock and slightly disorientated. At that time, I advised for Aid to respond to my location, in order to evaluate the driver.

Shortly later, Aid arrived on scene and advised they would be transporting the driver to be evaluated at the hospital for possible head and neck injuries.

While the driver was being evaluated by Aid, the owner of Unit 1 and the U-Haul business owner arrived on scene. The owner of Unit 1 advised she would be calling AAA to be en route to tow her vehicle. The U-Haul business owner provided the proper vehicle information for the parked U-Haul truck. At that time, both parties were given an exchange of information and a collision case number.

Digital photographs were taken of the scene and submitted into the case jacket.

This concluded my involvement in the case, where I cleared the scene.

Officer C. LYONS #134, Lake Stevens Police

I CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING STATEMENT IS TRUE AND CORRECT (RCW 9A.72.085) AND I AM ENTERING MY AUTHORIZED USER ID AND PASSWORD TO AUTHENTICATE IT.

C. LYONS #134

7/12/2016

Lake Stevens, WA

Officer

Date

Location Signed

REPORT NO. E563959

CASE # 2016-00013404

DATE AND TIME
OF COLLISION 07/11/16 12:20

